

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729278 (2)

1. Corporation Name

BERKSHIRE "B" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

SIDNEY KOHN, APT 4030
CENTURY VILLAGE
DEERFIELD BEACH FL 33442

Mailing Address

BERKSHIRE B
4030
DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified
04/05/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 BEA LAKSER

26 1023 BERKSHIRE B

4. FEI Number
59-1870183

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1023 BERKSHIRE B

27 1023

City & State

City & State

23 DEERFIELD BCH, FLA

28 DEERFIELD BCH, FLA

Zip

Country

Zip

Country

24 33442

25 BROWARD

29 33442

30 BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAKSER, BEA
CENTURY VILLAGE, BERKSHIRE B1023
DEERFIELD BEACH FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

BEA LAKSER

Bea Lakser

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE 3/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
LAKSER, BEA
BERKSHIRE B 1023
DEERFIELD BEACH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BUDD, BEN
1039 BERKSHIRE B
DEERFIELD BEACH FL 33442

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOUIS, SPITZ
4023 BERKSHIRE B
DEERFIELD BEACH FL 33442

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLAX, SAUL
BERKSHIRE B-4030
DEERFIELD BEACH FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DIRECTOR
MORTON LAKSER
1023 BERKSHIRE B
DEERFIELD BCH FLA 33442
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAKSER, BEA
BERKSHIRE B 1023
DEERFIELD BEACH FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOLDIE, RITTER
BERKSHIRE B 4033
DEERFIELD BEACH FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bea Lakser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

954-428-5994

Daytime Phone #

CR2E037 (12/95)